

Bringing Public Health to Remote Region of Tibet

ONE COULD HARDLY BLAME **KUNCHOK GYALTSEN** if he experienced a culture shock upon arriving at UCLA, where he is currently a doctoral student in the School of Public Health. Gyaltzen is from the city of Xining in Qinghai Province, part of the Tibetan region of China. The mountainous province is among China's poorest and most remote areas.

"Los Angeles is too big," Gyaltzen says, laughing. "But I keep my life simple and quiet."

Even in a city as diverse as Los Angeles, Gyaltzen is sure to stand out when he rides the bus from Westwood to his temporary home in Santa Monica. Gyaltzen is a Tibetan Buddhist monk, and a medical doctor trained in traditional Tibetan medicine. Since 2001 he has been executive director of Kumbum Tibetan Medical Hospital, overseeing a staff of 30 medical professionals and trainees. As he became more involved in hospital management, he began to realize that a system in which more patient visits was considered an indicator of success didn't gibe with his values. "It made me uncomfortable," says Gyaltzen. "I want to see less patients, because that means less people are suffering from illnesses."

Gyaltzen knew what he wanted, but wasn't sure how to achieve it until he discovered public health. He learned English and has spent much of the last six years in the United States, most recently at UCLA under the guidance of Dr. Anne Pebley, who helped Gyaltzen secure funding from the school's Fred H. Bixby Doctoral Fellowship Endowment that was critical to his ability to complete his education: When Gyaltzen works in Tibet, he is lucky to earn the equivalent of \$300 in a month.

While in the United States, Gyaltzen has also garnered support for the Tibetan Healing Fund (www.tibetanhealingfund.org), the non-profit organization he founded in 2001 to raise money for education and maternal-and-child-health projects in the Tibetan region.

Initiatives have included the training of approximately 3,000 village women to be health educators and community midwives. A natural birth and training center is also being built. "The vast majority of women are not getting prenatal or postnatal care, and are delivering babies at home, often assisted by family members who have no training," Gyaltzen says. "As a result, the infant mortality rate is high." Compounding matters, in many parts of Tibetan society it is taboo for women to discuss health issues, even with their husbands, and when problems develop they tend to delay seeking professional care.

Observing the U.S. health care system up close has underscored for Gyaltzen some of the shortcomings of the Tibetan system, which has little in the way of a public health infrastructure and lacks the sophistication of medical training found in the West. On the other hand, Gyaltzen believes Tibetan medical doctors tend to be better than their U.S. counterparts at communicating with and showing compassion for their patients. And the biggest surprise when he came to this country was to see that for all of the technological prowess of the U.S. health care system, so many lack access to basic health care – a major concern for those in the profession Gyaltzen hopes to promote when he returns to his native region.

"The goal of public health is the well-being of the individual and the community, and to reach that goal means promoting good physical and mental health as well as having good social support and meeting basic needs such as water, sanitation, food and shelter," says Gyaltzen. "That fits very well with my beliefs as a Buddhist."



"The goal of public health is the well-being of the individual and the community. That fits very well with my beliefs as a Buddhist."

— Kunchok Gyaltzen